

6053

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 13 1943

Registration District No. _____

Primary Registration District No. 4095

Registrar's No. 37

1. PLACE OF DEATH:

(a) County CASS
(b) City or town Drexel - Caldwell township
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 48 years - (Specify whether)
years, months or days

3. (a) PRINT FULL NAME

JOHN W. PURKEY

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced 1 -
6. (b) Name of husband or wife Naoma PURKEY
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased JULY 11 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 27 _____ hr. _____ min.

9. Birthplace McComb, ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation T. V. SMITH

11. Industry or business

12. Name JOHN PURKEY
13. Birthplace PENN (City, town, or county) (State or foreign country)
14. Maiden name MARY JANE
15. Birthplace PENN (City, town, or county) (State or foreign country)

16. (a) Informant Karl Purkey

(b) Address Drexel Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mc Cabe Cem

18. (a) Signature of funeral director Boothe J. Gilman

(b) Address Boothe J. Gilman

19. (a) 2-9-43 (Date received local registrar) (b) Margaret Tolle (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CASS
(c) City or town DREXEL (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 7TH
year 1943 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 1 1941 to Feb 7 1943
that I last saw him alive on Feb 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Hypostatic Pneumonia Duration 5 days

Due to Chronic Hepatitis 3 1/2 yrs

Due to Benign Prostatic Hypertrophy 8 yrs

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations 137a

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Boothe J. Gilman (M. D. or other) Boothe J. Gilman
Address Drexel Mo Date signed 2-9-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19
0
0

19
1
2

Duration
5 days

3 1/2 yrs

8 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

1041

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

John G. Henderson

Licensed Embalmer No. *3585*

P. O. Address *Butler Mo-*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.